

# CALFRESH (CF) PROGRAM

## REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

1. RESPONSE NEEDED DUE TO: <input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST: 12/30/13	NEED RESPONSE BY: 1/3/13
2. REQUESTOR NAME: Marian Acosta	6. COUNTY/ORGANIZATION: County of Santa Barbara	
3. PHONE NO.: 805-287-3858	7. SUBJECT: Work Study Prog - work study hrs or part in work study	
4. REGULATION CITE(S): 63-406.212	8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i> <b>NOTE: All requests must have a regulation cite(s) and/or a reference(s).</b>	

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

If the applicant/beneficiary is participating in a Work Study program, do we consider the number of hours participating or is it sufficient that the CF applicant/beneficiary is participating in Work Study.

10. REQUESTOR'S PROPOSED ANSWER:

CF regulation 63-406.212 does not make note of work hours therefore we are interpreting the regulation that work hours are not taken into account when applicant/beneficiary has been approved state or federal financed work study, and the applicant/beneficiary is eligible to CF regardless of work hours as long as they are participating in a Work Study program.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

The State concurs with the proposed answer.

### FOR CDSS USE

DATE RECEIVED: 12/30/13	DATE RESPONDED TO COUNTY/ALJ: 1/6/14 JN
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# CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)

1. RESPONSE NEEDED DUE TO:	5. DATE OF REQUEST:	NEED RESPONSE BY:
<input type="checkbox"/> Policy/Regulation Interpretation		
<input type="checkbox"/> QC	6. COUNTY/ORGANIZATION:	
<input type="checkbox"/> Fair Hearing		
<input type="checkbox"/> Other:	7. SUBJECT:	
2. REQUESTOR NAME:	8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i>	
3. PHONE NO.:	NOTE: All requests must have a regulation cite(s) and/or a reference(s).	
4. REGULATION CITE(S):		